

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09/730261	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				61	/
2		/		/			62	/
3		/		/			63	/
4		/		/			64	/
5		/		/			65	/
6	/			/			66	/
7		/		/			67	/
8		/		/			68	/
9		/		/			69	/
10		/		/			70	/
11		/		/			71	
12		/		/			72	
13		/		/			73	
14	/		/				74	
15		/		/			75	
16	/		/				76	
17		/		/			77	
18	/		/				78	
19		/	/				79	
20			/				80	
21	/	/	/	/			81	
22		/		/			82	
23		/		/			83	
24		/		/			84	
25	/		/				85	
26	/		/				86	
27		/		/			87	
28		/		/			88	
29		/		/			89	
30		/		/			90	
31		/		/			91	
32		/		/			92	
33		/		/			93	
34		/		/			94	
35		/		/			95	
36		/		/			96	
37		/		/			97	
38		/		/			98	
39		/		/			99	
40	/		/				100	
41		/		/				
42		/		/				
43		/		/				
44		/		/				
45		/		/				
46		/		/				
47		/		/				
48	/		/					
49		/		/				
50		/		/				
TOTAL IND.							TOTAL IND.	10
TOTAL DEP.							TOTAL DEP.	48
TOTAL CLAIMS							TOTAL CLAIMS	58